



Massachusetts WIC Program Request for Special Formula and Foods Form (RSFF)

Instructions for Completion:

1. Write patient's complete name and date of birth.
2. Indicate the special formula requested instructions for preparation for the formula and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. Prescription renewal is required at each certification (generally annually) but may be requested more frequently based on medical condition.
3. The types of formulas WIC routinely provides are in powder or concentrate forms. Ready-to-Feed (RTF) formula or medical foods may be authorized when the product is only available in Ready-to-Feed, when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, or when the participant may have difficulty in correctly preparing the concentrated liquid or powdered formula.
4. USDA requires medical documentation for WIC issuance of any infant formula that is not 20 kcal/oz. Similac Total Comfort, Similac For Spit-Up, and Similac Sensitive are all 19 kcal/oz. A *Request for Special Formula and Food form* is required for these three formulas before issuance will be approved.
5. From the list of most common nutrition-related ICD medical diagnoses, determine and document one or more of the patient's qualifying medical condition(s) for which WIC formula prescriptions may be written. Other medical diagnoses that may require special formulas must have an ICD code and will be considered on a case by case basis. Health care providers must document a diagnosis, not symptoms.
6. With the health care provider's approval, WIC participants receiving special formula and foods are able to receive a full complement of WIC supplemental foods appropriate to their participant category. Please check any supplemental foods not allowed by the patient's medical diagnosis. Providers must note whether or not they authorize the WIC Nutritionist to make future decisions about supplemental foods for the participant.
7. A MD, DO, PA, NP or CNM signature is required. By signing this form, you are verifying that you have seen and evaluated the patient and have determined that he/she has a medical condition warranting the use of a special formula and foods. Print or stamp your name, medical office, phone number and address. Give the completed form to the parent/guardian or fax to their local WIC program.

Please be advised:

The request for a special formula is subject to WIC approval prior to issuance. A WIC Nutritionist will complete a thorough dietary assessment to verify the need for the requested formula. Significant findings will be communicated to you with the participant's permission. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis.

WIC participants who carry MassHealth insurance will receive special and metabolic formulas through MassHealth upon prior authorization. To obtain authorization, contact MassHealth or the member's Managed Care Organization.

WIC does not provide whole cow's milk for infants. Whole milk is **ONLY** provided to women and children, over the age of 2, who have a documented medical condition that warrants the use of a high-calorie special formula or supplement. WIC can provide reduced-fat milk to children 12-23 months for whom overweight or obesity is a concern. A RSFF is not required but consultation with a medical provider may be appropriate.

For more information or additional copies of this form please visit our website at <http://www.mass.gov/wic> or contact us at 1-800-WIC-1007.

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